

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>7-6</i>		<i>5/24</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>gm</i>	<i>853</i>	<i>06-12-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>2/2/01</i>
2	<i>7/21/01</i>
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44	<i>✓</i>
45	<i>✓</i>
46	<i>✓</i>
47	<i>✓</i>
48	<i>✓</i>
49	<i>✓</i>
50	<i>✓</i>

Claim	Date
Final Original	
51	<i>2/2/01</i>
52	<i>7/21/01</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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